Rural Physician and Health Services Review

Assiniboine Region

Final Report
Submitted to:

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Minister of Health

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Table of Contents

1.0 Executive Summary **2**
2.0 Introduction/Rationale **4**
3.0 Scope & Methodology **5**
3.1 Physician Review Process 5
3.2 Community Participation Process 6
4.0 Overview of Findings **7**
4.1 Physician Review Feedback 7
Recruitment/Retention 8
Promote Rural Family Practice 8
Call/Cross-over 9
Education 9
Specialist/Consultation 9
Planning/Communication 9
4.2 Community Participation Feedback 10
5.0 Recommendations **12**
5.1 Practising Physicians 12
5.1.1 Recommendations – Practising Physicians 13
5.2 Recruitment & Retention of Physicians and Other Health Professionals 14
5.3 Access to Facilities 15
5.3.1 Recommendations - Access to Facilities 15
5.4 Role of Communities 16
5.4.1 Recommendations - Role of Communities 16
5.5 Scope of Practice 17
5.5.1 Recommendations - Scope of Practice 17
5.6 Existing Programs and Resources 17
5.6.1 Recommendations - Existing Programs and Resources, ORNH 17
5.6.2 Recommendations - Existing Programs and Resources, Physician Recruitment Coordinator 18
6.0 Conclusions **19**
7.0 Recommendations **20**
Recommendations – Practising Physicians **20**
Recommendations - Access to Facilities **21**
Recommendations - Role of Communities **21**
Recommendations - Scope of Practice **22**
Recommendations - Existing Programs and Resources, ORNH **22**
Recommendations - Existing Programs and Resources, Physician Recruitment Coordinator **22**
8.0 Appendices **23**
I: Terms of Reference 23
II: Physician Review – Questionnaire 23
III: Community Participation Process – Newspaper Advertisement 23
IV: Community Participation Process – Letter of Invitation to Municipal Councils & First Nations Communities 23
V: Community Participation Process – Meeting Site/Area Information Handouts & Discussion Questions and General Information Brochure 23
VI: Community Participation Process – Larger Group Presentation 23
VII: Community Participation Process – Small Group Discussion Questions 23
VIII: Community Participation Process – Letters of Acknowledgement for Written Submissions 23
IX: Community Participation Process – Letter to Municipal Councils and First Nations Communities, End of Community Process 23

1.0 Executive Summary

With a population of just over 70,000, the Assiniboine Regional Health Authority (ARHA) operates 20 hospitals and 28 long-term care facilities, the largest number of sites of any of the rural and northern regional health authorities. The 20 acute care sites have 348 acute care beds with an average occupancy rate of 55 per cent. Approximately, one third of those patients in acute care beds are waiting for a personal care home bed. Currently, 59 full-time and 9 part-time physicians provide 24-hour/seven-day emergency service at these health care facilities.

The population of the ARHA is declining and there is an increase in the number of older people. From the 1996 census to the 2001 census, there has been a significant increase in the number of people in the 55 – 64 years of age category and in the over 75 category. This trend is expected to continue and will have a significant impact on the health care needs of the region, and needs to be considered when planning for any changes in health care delivery.

Many services continue to be offered in the majority of communities across the Assiniboine region. These include public health, mental health, physician clinics and rehabilitation services. These types of services are the ones that are accessed on a more frequent basis by a large number of community members. This makes it important that communities continue to have ongoing access to these services.

In the last few years, it has been increasingly difficult to attract and keep physicians and other health care professionals in the ARHA. This has made it more challenging to ensure health care services are available to residents of the region without travel requirements.

In September 2003, Manitoba's Minister of Health Dave Chomiak requested the Office of Rural & Northern Health (ORNH) to oversee the *Rural Physician and Health Services Review – Assiniboine Region*. The review was held in the Assiniboine Regional Health Authority because of concerns about attracting and keeping physicians and other health care professionals in the region. The review was intended to help learn why this is happening and how it might be corrected, in both the ARHA and rural areas around the province.

The review had two parts. One part asked physicians in the ARHA for their opinions and ideas on recruitment and retention. This part also included a review of the recruitment and retention literature in medical and scientific publications. The second part of the review focused on communities in the ARHA, asking community members for their ideas to solve problems related to physician and health professional recruitment and retention, and around access to required health services. The review team also met with the ARHA to gather information on these same topics.

The physician review and the community review were held separately, but the results of both raised some common themes and recommendations. In both cases, the groups understood that change will occur and is necessary. What the changes may be, and how they will happen, was not always as clear.

For physicians, one of the major themes was around practice conditions. This included the amount of on-call time, the lack of time for continuing education and vacation and not being able

to access specialists. For example, when a physician working in Rossburn wanted to take a vacation, the clinic had to close as there was no physician available to cover the vacation time. Another example is in Deloraine, where a physician had to cancel his participation in a course because there was no physician to cover his practice.

Individuals talked about feeling worried about the future of health care services in their communities. Review participants were concerned about a lack of communication from the ARHA, or a feeling of being left out of ARHA decision making. This perception must be taken in the context of the ARHA's current community communication efforts, which include mail drops, community stakeholder meetings, the timely distribution of board meeting minutes and a regular newsletter.

The main themes discussed by the physicians and the communities in their separate reviews were similar:

- Attracting and keeping physicians and other health professionals
- Access to health care facilities
- Role of communities in these two areas
- Scope of practice and practice conditions
- Existing programs and resources

Both the physicians and community members offered a number of ideas that have helped in developing recommendations. The intent of the recommendations is to find ways to improve health care services in the ARHA. In general, the recommendations talk about sharing resources among communities to keep a variety of services available in the region, making practice conditions attractive to potential health professionals to keep health professionals in the ARHA and continuing to improve community communications within the region. For a complete list of the recommendations in this report, see Section 7.

2.0 Introduction/Rationale

Many important issues affect health care in rural areas, including the ARHA. These include: a decrease in the population size and an increase in the number of older people; work patterns of health professionals (for example, less willing to work very long hours); changes in the way health care is delivered (nurse practitioners providing services previously only provided by physicians); and what the public expects from health care. All of these have had an effect on the ability of the region to provide ongoing, stable health care services.

For these reasons, the Minister of Health requested the Office of Rural & Northern Health (ORNH) oversee the *Rural Physician and Health Services Review – Assiniboine Region*. The results of the review are expected to help answer similar concerns in other health regions in Manitoba (see Appendix I for detailed Terms of Reference).

The review had two parts, a physician review and a community review. In the physician review, ARHA physicians were asked for their opinions and ideas on recruitment and retention. This part also included a review of the recruitment and retention literature in medical and scientific publications. In the community review, community members were invited to share their ideas about solving problems around physician and health professional recruitment and retention, and around access to required health services. Six meetings were held in communities in the ARHA, with approximately 190 people attending. Ideas also were sent in writing (or by e-mail) for the community review.

The physician review and the community review were held separately but the results of both raised some common themes and recommendations. In both cases, the groups understood that change will occur and is necessary. What the changes may be, and how they will happen, was not always as clear.

3.0 Scope & Methodology

The scope of this review included the following:

- Completion of a literature review on physician recruitment and retention patterns provincially, nationally and internationally.
- Review of the historical trends of physician recruitment and retention in communities served by the Assiniboine Regional Health Authority (ARHA). A comparison of these local trends with the results of the literature review includes an analysis of what attracts physicians to rural practices, what keeps physicians in these practices and the factors that contribute to physician(s) leaving a community.
- Review of information and recommendations from organizations responsible for setting standards/guidelines for medical practices, such as the College of Physicians and Surgeons of Manitoba, including the implications of these standards/guidelines for health care delivery in rural communities.
- Six community meetings in various locations in the Assiniboine region and an invitation to send in more ideas in writing (letter or e-mail).
- Realistic recommendations on how to provide the best possible health services in rural communities and hospitals with available resources.

3.1 Physician Review Process

The physician review was led by Dr. Ken Brown, with assistance from Dr. Don Klassen, Dr. David O'Hagan and Dr. Denis Fortier.

The physician review began with a literature review from medical/scientific publications of the current research regarding physician recruitment and retention. It also involved a written questionnaire sent to each physician in the Assiniboine region. (See Appendix II – Physician Interviews Questionnaire for a copy of the questionnaire). Physicians responding to the questionnaire could return the questionnaires by mail, fax or e-mail. In addition, Dr. Brown held focus group meetings with groups of physicians from the Assiniboine region in the following five locations; Virden, Souris, Shoal Lake, Neepawa and Treherne.

An unexpected contribution to the process was made by Dr. Alan Ranson, who in the fall of 2001, had collaborated with the Chief of Staff, Dr. Finnuala Lonsdale, in the conduct of a very similar review of the 33 physicians in the previous Marquette Region. Their data were obtained from the returns of 29 (88 per cent) of the physicians. The report, "Physician Resource Plan, Oct. 9th, 2001" (Marquette report) was given to the medical team for use in this report.

The results of the questionnaires and the focus group meetings were compiled and are included in this document.

Dr. Brown also held a number of one-on-one discussions with several physicians currently working in the ARHA or who had recently left. These physicians gave a sense of their experiences practising in the ARHA and what they like and do not (did not) like about it.

3.2 Community Participation Process

The community review took place with a series of six public meetings held in the following communities: Hartney, Killarney, Virden, Minnedosa, Glenboro and Russell. Each community meeting site had a catchment area of between 10 and 17 communities/municipalities and each was within 40 minutes of the communities in its catchment area. Meetings were advertised in each of the area papers for two weeks prior to the meetings. Meeting notices were sent to local radio and television stations. Radio ads aired three times per day on local radio stations. (See Appendix III - Community Participation Newspaper Advertisement). Letters of invitation were sent to all Municipal Councils and First Nations communities in the region. (See Appendix IV – Letter of Invitation to Municipal Councils and First Nations Communities). People wishing to attend were asked to pre-register with the Office of Rural & Northern Health in order to ensure the sessions had a sufficient number of facilitators to provide each participant with an opportunity to express their views.

The community participation process involved the following steps:

- Participants received a one-page information hand-out providing them with some statistical information on the region. (See Appendix V – Meeting Site/Area Information Handouts and Discussion Questions and General Information Brochure).
- Introductory comments and an overview of the session.
- An overview of the issues and challenges facing the health care sector locally provincially and nationally was presented. (See Appendix VI – Large Group Presentation)
- Participants were divided into discussion groups of no more than 12 people. Each group had a group facilitator to help ensure everyone had a chance to speak.
- Each group had 45 minutes to address three questions aimed at developing solutions to problems being faced by the Assiniboine region. (See Appendix VII – Small Group Discussion Questions).
- The group facilitators presented a summary of their group's discussion to the larger group.

The ORNH also encouraged community members to write in their thoughts on the small group discussion questions and any other information they believed to be relevant to the process. Each written submission was acknowledged in writing by the ORNH. At the end of the public meetings, a letter was again sent to each municipal council and First Nations community informing them that the process was complete and that written submissions from those groups could still be developed. (See Appendix VIII - Letter to Municipal Councils and First Nations Communities, End of Community Process).

The results of group discussions as well as written submissions were compiled and were combined with the physician review information into this document.

4.0 Overview of Findings

While the physician review process and the community participation process were held separately, they both raised some common themes and ideas for solutions. These are included as recommendations later in this report.

The following are summaries of the findings of the two processes.

4.1 Physician Review Feedback

The literature review provided an understanding of the major themes around recruitment and retention. These themes include:

1. **Factors that make recruitment and retention difficult:**

   Personal...

   - Climate and isolation
   - Lack of opportunity for ongoing education and career development
   - Lack of opportunity (social/employment) for spouse

   Professional...

   - Excessive call schedules
   - Inadequate pay, especially for on-call
   - Inadequate vacation/Continuing Medical Education (CME) coverage
   - Lack of professional back-up/access to specialists and tertiary hospital services
   - Inadequate access to diagnostic tools, therapies and technologies
   - Lack of a stable short/long-term plan
   - Loss of the physician's clinical skills

2. **Factors that help recruitment and retention:**

   Personal....

   - Child/family safety and lifestyle
   - Recreational opportunities
   - Working relationships with patients/community/colleagues
   - Clinical independence
   - Sense of value for their services ("make a difference")

   Professional...

   - Challenge of varied practice
   - Good access to hospital
   - Good practice size

Thirty-two physicians participated in the discussion sessions while 35 submitted the anonymous questionnaire. It is likely there was significant overlap between the discussion group participants and the questionnaire responders. Through the discussion groups and questionnaires, the physician review team was able to confirm that the practice conditions in the ARHA are similar to the findings of the literature review.

Issues identified from the Marquette report submitted by Dr. Ranson included:

- The call level of 1:2 is non-sustainable. The main reason it is considered "acceptable" is the financial reward for those who do not plan to stay.
- Critical mass for a sustainable practice is a minimum of four, preferably six, if special services are to be developed.

In a covering letter Dr. Ranson identifies the following areas as priorities for improving stability:

- Improve recruitment of Manitoba medical school graduates to the region
- An call level of 1:2 is unacceptable
- Part-time positions – 50 per cent of students are female and lack of flexibility in part-time has been identified as a major disincentive
- Improve access to locum tenens program
- Provide active support for teaching practices
- Improve access to specialist services and consultations
- Develop new and appropriate methods of arriving at medical human resource needs

In the 2003 review, the discussion groups, interviews and correspondence show that the same concerns identified in the Marquette report continue to prevail two years later. However, there was one surprise; despite the preponderance of "problems" in the literature and in the Marquette Report there was a very clear message from the doctors in Assiniboine – *They like being rural family doctors and would be very happy to stay except....*

Some clear highlights emerge from the opinions expressed by the doctors in discussion groups, interviews and correspondence.

Recruitment/Retention

- There should be more active recruitment of Manitoba graduates
- Reduce the impediments for qualified International Medical Graduates (IMGs) to enter rural practice
- Improve the orientation of new physicians
- Include spousal vocation/social needs in the recruitment process
- Involve the existing physician community in the recruitment process
- Focus recruitment on those most likely to stay
- Publish efforts to improve retention
- Revise contract pay scale to recognize workload
- Rural stream should be considered
- Innovative CME activities are required to offset loss of competence due to lack of experience, e.g. physician exchanges and workshops

Promote Rural Family Practice

- Create a focus for Rural and Northern Health within the Faculty of Medicine for the promotion of rural family practice
- Family Practice residency programs should have more rural role models, better teaching assistance and more flexibility in special skill attainment.

Call/Cross-over

- Abolish call patterns exceeding 1:3 or use 1:3 levels acceptable only as temporary measure
- Call levels of 1:4 would be acceptable
- Call levels of 1:5 would be preferred
- Discourage shared calls except for situations with reasonable distance and safe conditions
- Include four vacation weeks and two weeks of CME time as budgeted items
- Locum tenens program to be revised and include competitive income, prearranged housing and adequate numbers of physicians

Education

- Identify mechanisms that promote specialization and put a positive emphasis on family practice

Specialist/Consultation

- Access to specialist/consultant services must be improved, including bolstering the capability of Brandon to provide consultation service and adding clinical assistants to Brandon human resources
- Employ a referral co-ordinator within the RHA to develop special skills in areas with groups of 8-10 doctors, examine skills among area doctors and provide visiting specialist clinics
- Increase the use of Manitoba Tele-Health

Planning/Communication

- Improve the formal lines of communication, including:
    - The local physician must know how to achieve input
    - Medical Advisory Committee (MAC) memberships should be representative
    - Standing committee of MAC may allow better communication in special areas of interest to the physicians
    - The rules and regulations should be available to all physicians and written in a clear and action oriented manner
    - Financial resources of the RHA should be reported to the physicians via the MAC on a regular basis in an understandable manner with an emphasis on patient care programs
    - A necessary corollary of the need to establish an acceptable call system and to discourage cross coverage is that the 20 acute care centres must be reduced in number. The creation of groups of at least 4 physicians should be the guide.

- Publications from the RHA should:
    - Explain the need for the benefits of system change
    - Promote a positive image of rural health services
    - Develop strong images that show rural health care and practitioners in a positive light

In summary, the ARHA has similar challenges to attract and keep physicians as other rural regions in Manitoba, Canada and around the world. These include practice conditions that appeal to physicians: for example, a reasonable on-call schedule, reasonable pay and a community with interests for the physician's family.

4.2 Community Participation Feedback

The community participation meetings were set up to give community members as much chance as possible to share their ideas. Approximately 190 people attended six community sessions. In general, community members appeared to appreciate the chance to voice their concerns and offer possible solutions. While many people raised concerns, most also suggested ideas to solve these problems.

Community members who wrote in were more negative in their comments. The letters and e-mails mostly talked about problems and only a few solutions were suggested.

In the discussions at the community meetings, groups mostly talked about the first two questions. These were about access to health professionals and to health care facilities and services. Many groups used the third question, about balancing community interests with a changing population, to continue their discussions around the first two questions. This might be because people were more concerned about the first two questions, or because they did not understand the third question.

Overall, similar concerns and ideas raised at the community meetings came up at each meeting location. There were also some unique ideas and concerns noted in each meeting. These issues were often specific to the health care situation in the community and not always to all of the ARHA.

A common theme arising in both the community participation meetings and the written submissions was a sense of frustration. Review participants felt left out of communications and decision-making. They expressed anxieties about the future of health care services in their communities and have suggested that improved, more positive communication could help reduce these worries.

There also was a sense that rural residents are treated differently compared to their counterparts in urban areas. Some ideas to improve this included looking at ways to meet the health care needs of a smaller population who live in a larger geographic area: for example, sharing resources among communities.

Most people at the public meetings understood it is not possible to have every type of health care service available in their individual community. There was uncertainty, however, about what services would continue to be available in their community and what services would remain in the ARHA overall.

There were many concerns and ideas for solutions suggested by the review participants. This feedback fell under the following themes:

- Improve communication with communities
- Reduce administration and increase local authority
- Allow physicians to use their skills
- Help educate rural students in health professions
- Train health professionals in local (rural) areas
- Increase use of available technology
- Support better lifestyle for physicians and health care professionals (e.g. time off)
- Help health professionals and their families fit into the community
- Use alternative care providers, e.g. nurse practitioners and physician aides
- Provide better access to inexpensive (or free) transportation/ambulance services
- Share health professionals and resources among communities
- Increase access to 'mobile' services
- Look at different ways to use current (under-used) facilities
- Bring obstetrical services closer to home
- Look at current health care services and plan for longer term
- Talk to professionals leaving the ARHA to find out why they are leaving
- Increase First Nation input
- Keep services closer to communities, especially for seniors
- Educate the public about what is available to improve community health
- Make sure statistics are valid

When grouped by question, the main themes were:

Question 1: How can we ensure access to physicians and other health professionals who meet our health service needs?

- Encourage rural youth to enter health professions
- Offer additional/different levels of care, e.g. clinical assistants, nurse practitioners
- Allow physicians to use their training, e.g. practise obstetrics
- Continue to improve communication between the ARHA and communities (citizens)
- Return to elected boards
- Implement long-range planning

Question 2: How can we ensure access to facilities and services that meet our health needs?

- Improve transportation to services and reduce costs
- Share/pool resources and health professionals
- Utilize technology, e.g. Manitoba Telehealth

Question 3: How can we balance community interests with the changing needs of our population?

- Look at kinds of services offered and see if they meet the current needs or if original 'definitions' of services remain appropriate
- Conduct and implement long range planning (more than one or two years)

- Ensure services allow older people to stay in the community, noting population is aging in most rural communities

The written submissions generally repeated the ideas brought up at the meetings. Some writers also suggested the following feedback:

- Find out why physicians have left communities
- Review ARHA finances/operation and compare to pre-amalgamation
- Review the size of ARHA and consider splitting into two geographic areas, perhaps helping also to reduce the bureaucracy
- Review real examples where shared on-call services worked and try to implement in areas where needed and appropriate.
- Create a First Nations hospital, training program and possibly own regional health authority (RHA).

5.0 Recommendations

The following recommendations come from the information collected in both the physician review and the community review. They suggest positive changes for the health care delivery system in the Assiniboine region and are made within the scope of the project's terms of reference. Comments outside the scope of this project are not directly addressed in these recommendations. Examples of such comments include suggestions of models of delivery other than regionalization, governance structures and administrative/communication processes within the Assiniboine region.

The recommendations are meant to suggest longer-term solutions. While some longer-term solutions may cause short-term disruptions, they should help create a health care system that will meet the region's needs well into the future. While there may be some uncertainty in the communities about how these suggested changes will affect their local access to services, community members appear to understand that changes are necessary to improve access to health care services. For the recommendations to be carried out, there may be a need for policy changes and there will be a need for the community, health professionals and the region to work together to create a successful long-term health care vision.

5.1 Practising Physicians

The Assiniboine region currently has a complement of 59 full-time and 9 part-time physicians. The ARHA has recruited more than 45 physicians over the past four years, but many of those recruits, as well as physicians who were previously practising in the region, have left the ARHA. The net result has been an increase of nine physicians over that period.

The 59 physicians provide 24-hour/seven-day emergency service at 20 health care facilities in the ARHA. Of the 59 physicians in the region, 13 reside in Neepawa and Minnedosa. This means the other 18 facilities in the region rely on the remaining 46 physicians.

Over the years, the provision of specialist services has declined in the region. Visiting specialists provide services in the areas of psychiatry, diagnostic imaging and gerontology. However, in order to obtain most services for their patients in orthopaedics, internal medicine,

ophthalmology, pediatrics and all the subspecialties, the ARHA physicians must depend on Winnipeg, Brandon and Boundary Trails facilities.

Currently, there are 14.5 full-time-equivalent physician vacancies in the ARHA. It is becoming more difficult to find physicians to fill these vacancies for a number of reasons, including: fewer physicians are available from traditional off-shore sources (most notably from South Africa); licensing of foreign trained physicians has become more complicated and takes longer; and fewer Canadian medical school graduates choose family practice training (the type of physician on which rural Manitoba typically relies). As a result, it is even more important to keep physicians already in the region practising there.

Efforts to keep physicians in the region need to focus on providing good practice conditions. This approach is supported by the literature on physician retention and was expressed by the Assiniboine region physicians in the *Physician Review* portion of this process. A more attractive practice situation includes better on-call rotations, access to continuing medical education, remuneration, access to specialists and a variety of personal factors related to lifestyle, quality of life and satisfaction of family with the community.

The recommendations in the following section look at ways to create practice conditions that meet the stated needs and preferences of ARHA physicians. These recommendations are similar to those in the literature made to improve physician recruitment and retention in other rural areas in Manitoba, Canada, and internationally.

Currently, rural physicians are available to be called in to rural community hospital facilities to see patients or emergent cases. A 1:5 call rotation means that a physician is on-call for one day out of every five, which physicians in the region have indicated is a good improvement from the current situation of a 1:4 or even a 1:3 call rotation schedule.

5.1.1 Recommendations – Practising Physicians

1. The ARHA should work with Manitoba Health to work towards on-call schedules that are 1:5 or better. Larger practice group sizes would contribute positively to this outcome. Physicians will accept 1:4 with proper supports but 1:3 or less is generally unacceptable.
2. The AHRA should consider cross-cover of facilities only as a short-term solution. Where it does occur it should be limited to less than 50 km distance and include no more than 3 facilities.
3. The ARHA should continue to offer flexible methods of payment, including fee-for-service, salary and\or contract.
4. The ARHA should continue to work with Manitoba Health and other regional health authorities to improve access to specialists for patient consultations by ARHA physicians through a variety of mediums, including in person, by Telehealth and telephone.
5. All regional health authorities should work with Manitoba Health to review and revise the locum tenens program to ensure it is adequately staffed and meets the needs of the range of practices that exist within the regions. This will allow the ARHA to continue to encourage and support physicians as they augment their skills and knowledge through the Continuing Medical Education program (CME).

6. Communities, with the support of the ARHA, need to help physicians and their families integrate into the communities in which they practise. This includes consideration of the background of physicians and their families and opportunities for the physicians' spouses to be employed in their chosen field.

5.2 Recruitment & Retention of Physicians and Other Health Professionals

The ARHA also has a number of vacancies for nursing, diagnostic services and other health care providers. The number of vacancies could increase in the next several years as many of the currently practising professionals are expected to retire. This will make it even more important to attract and keep health professionals in the region, before more vacancies occur.

In terms of physicians, the region currently has two distinct groups of physicians; one, a group that tends to stay shorter term and the other, a group that stays longer term.

The short-term group is characterized by individuals who tend to stay for less than three years, are not committed to long-term rural family practice, do not particularly enjoy rural life and/or have a spouse with a negative perception of rural life. This group comes to rural Manitoba for a short-term, often for the economic compensation that is available to work in these settings.

The other group consists of physicians who tend to stay for longer than three years, find rural family practice professionally satisfying, value the autonomy provided by rural family practice, enjoy small town life and whose spouses are positively oriented to a rural lifestyle. As a result, an important goal is to recruit individuals who are more characteristic of the latter group, thereby increasing the likelihood that these physicians will stay in rural practice for the longer term.

5.2.1 Recommendations - Recruitment & Retention of Physicians and Other Health Professionals

1. The ARHA, Manitoba Health and communities should work together to create practice conditions that meet the stated needs and preferences of health professionals (see above recommendations related to practising physicians).
2. The ARHA should continue to focus on an active recruitment effort aimed at Canadian trained family practice physicians. This should include an ongoing relationship with the University of Manitoba's Faculty of Medicine to host students for various student placements, clerkships and residency rotations during their training cycle.
3. The Manitoba government and the regional health authorities should work together to create a broad-based strategy for the recruitment of graduates from the University of Manitoba's Family Practice program. This strategy should include working with medical schools and the medical community to put a greater priority and value on family practice medicine to improve the view and stature of family practice, and to encourage more medical students to choose family practice.
4. The ARHA should continue to encourage the province to develop more rural training sites for other health professions to increase their exposure to rural practice and opportunities.

5. The ARHA should continue to target its recruitment efforts at individuals whose backgrounds will assist them in fitting into rural Manitoba and who will be open to living in a rural setting.
6. The ARHA should continue to encourage the province and other organizations to reduce the barriers to the recruitment of qualified International Medical Graduate family physicians, including:
    a. The complexity, cost and effort involved in the immigration process
    b. Improved accuracy of information regarding the characteristics of potential practice settings
    c. Improved orientation to the province for both the physician and their family for at least six months following placement (housing, regulatory authorities, employment, schooling, recreation, financial and legal matters)
7. The ARHA should formalize their communication of opportunities for participation in their decision-making processes to health care professionals in their region.

5.3 Access to Facilities

The Assiniboine region has 20 acute care sites with 348 acute care beds, the largest number of sites of any of the rural and northern regional health authorities. These acute care beds have had an average occupancy rate of 55 per cent over the last several years. About one-third of those patients in acute care beds are waiting for a personal care home bed. This might suggest there is a greater need for more alternative levels of care beds and fewer acute care beds. This would require considerable changes to how health care is delivered at a local level.

It must be realized that this will not likely result in significant cost savings. Since the majority of existing acute care centres are attached to long-term care centres, the cost to operate the facility occupancy costs (for example, maintenance, electricity, etc.) will remain even if the acute care facility changes to provide different services, or is eliminated.

Many services continue to be offered in the majority of communities across the Assiniboine region. These include public health, mental health, physician clinics and rehabilitation services. These types of services are the ones that are accessed on a more frequent basis by a large number of community members. This makes it important that communities continue to have ongoing access to these services.

In both the physician and community reviews, the groups understood that change will occur and is necessary. What the changes may be, and how they will happen, was not always as clear, but for the changes to be positive and lasting, they must be based on a longer-term vision and planning. This must be supported by a provincial and regional commitment to see the plan through. Finally, physicians and community members believe the changes need to happen with all stakeholders - government, RHAs, communities and health care providers – working together.

5.3.1 Recommendations - Access to Facilities

1. The ARHA, together with the community and Manitoba Health, needs to define the real health service needs of each community, and make changes in local health care services

to meet those needs. (These changes should occur within the provincial move to a primary health care delivery model with a greater emphasis on prevention.)
2. The ARHA needs to continue to inform communities about what local services to expect and how to access services not available locally.
3. The ARHA should work with the Manitoba Telehealth Network to explore ways to improve both access and ease of access to specialists.

5.4 Role of Communities

The population size in the ARHA is declining and there is an increase in the number of older people. From the 1996 census to the 2001 census, there has been a significant increase in the number of people in the 55 – 64 years of age category and in the over 75 category. This trend is expected to continue and will have a significant impact on the health care needs of the region. This trend needs to be considered when planning for any changes in health care delivery.

Communities have tended to work at keeping their existing health care facilities. It is not always practical to keep all of these facilities open. Some of the reasons for this include: difficulty in attracting and keeping health care professionals; changes in health care needs for the community as the population changes (for example, declines in numbers and/or ages); and the introduction of new health care technology. These changes can make it more difficult and less efficient to keep all current health facilities open. The types of services provided in the facilities also may no longer meet the needs of the population being served. The ARHA and the communities need to re-think the kinds of services provided and the way existing facilities can be used.

To a large degree, the communities and individuals in the Assiniboine region accept the need for change as long as the ARHA considers their health care service needs. Most importantly, as much local access as possible to some level of health care service is essential. This needs to include physician care.

5.4.1 Recommendations - Role of Communities

1. The ARHA needs to work with communities and health care training institutions in attracting and keeping physicians and health care professionals in the region (i.e., recruitment and retention).
2. Communities need to focus their recruitment and retention efforts on the resources and skills currently available in the community, including:
    - providing financial help to rural students to enter health professions (student sponsorship)
    - providing local coordination for community-based student placements
    - continuing to develop 'welcoming committees' to help health care professionals and their families fit into the communities
3. While the ARHA has placed emphasis on communications and has initiated many communications strategies, there is still a need to explore and develop improved means of communication within the region.

5.5 Scope of Practice

The types of services physicians can provide depends on the qualifications/training that they have been recognized for by the College of Physicians and Surgeons and on the privileges they have been granted by the RHA Board of Directors. The privileges also depend on the characteristics of the particular hospital the physician serves.

Review participants felt that doctors generally are not able to use all their skills and that this was because of ARHA rulings. Community discussion groups strongly said they want to see specialty services brought back to smaller communities and allow doctors to do "…what they were trained to do." The community review found many people wanting to see obstetrics returned to their communities.

Physicians did not voice the same opinion, but did say they want to expand specialty services by increasing the skills of the existing physicians or by using visiting specialists. It was suggested by the physicians that in order for this to occur, the size of practice groups would need to consist of at least 8 – 10 physicians.

5.5.1 Recommendations - Scope of Practice

1. The ARHA needs to increase public awareness about what services can be offered in each community or practice settings.
2. Manitoba Health needs to reinforce with communities that it is the role of RHAs and the College of Physicians and Surgeons of Manitoba to set practice standards and, based on those standards, grant privileges to physicians and define safe and appropriate use of skills for each physician within their particular practice setting.
3. The ARHA should consider the region's mix of services and consider developing specialty services in groups of eight to 10 physicians, increase the specialty skills of family doctors and use visiting specialists to provide services to the region.

5.6 Existing Programs and Resources

Both community and physician feedback talked about the need to increase recruitment efforts of Manitoba medical school graduates, to increase rural exposure in health care training programs, to host more health care training students for practicum placements in rural areas and to have better coordination of physician recruitment, both in Canada and internationally.

The Office of Rural and Northern Health (ORNH) has been fully operational since April of 2003, and provides programming related to the education, recruitment and retention of health care professionals in rural and northern communities. The ORNH has worked to develop relationships with health care training faculties and schools in Manitoba and to raise the profile of health care opportunities in rural and northern Manitoba.

5.6.1 Recommendations - Existing Programs and Resources, ORNH

1. The ORNH should develop a broad-based communication strategy to create awareness about the mandate and activities of the ORNH within the community.
2. The ORNH should facilitate collaborative efforts with the Manitoba Medical Association, the Faculty of Medicine Family Practice Program and the regional health authorities to

create a permanent focus for family practice issues in the regional health authorities, including:

- the establishment of comprehensive orientation programs for new physicians
- the development of strategies for CME which are more responsive to the clinical needs of the rural family physician
- the development and publication of strategies for recruitment and retention
- the involvement of the local medical community in the recruitment process
- the development, review and revision of socioeconomic programs to ensure that they are equitable and responsive to the changing needs of the regions and the physicians

In October 2003, the Regional Health Authorities of Manitoba (RHAM) Inc. hired a physician recruitment coordinator to provide coordination and support of physician recruitment efforts in the rural/northern regional health authorities. The physician recruitment coordinator is the primary contact/liaison for regional health authorities interested in recruiting physicians and for offshore physicians seeking employment within rural/northern Manitoba. The physician recruitment coordinator assists in all aspects of the recruitment process.

5.6.2 Recommendations - Existing Programs and Resources, Physician Recruitment Coordinator

1. RHAM, in cooperation with the rural/northern RHAs, should increase awareness of the existence of the physician recruitment coordinator among practising physicians and encourage them to use their personal networks to identify potential recruitment candidates to the coordinator.

6.0 Conclusions

This process highlighted the fact that the review participants accepted that change is necessary and will happen within the ARHA. The 20 hospitals in the Assiniboine Region have served their communities well over the years. However, stable medical communities cannot be created and sustained without a significant change in the function or number of facilities. How the changes will occur remains uncertain and communities differ in how they think changes should happen. This uncertainty has led to some anxieties among residents in the ARHA about the future of their health care services.

To help reduce these concerns, the ARHA needs to continue to increase communication with the communities to help them understand the issues and the ways change may occur. Any change must be done after developing a vision and long-term plan for health service delivery in the region. The ARHA needs to develop the vision and plan with physician and community input to ensure they include the needs of health care professionals and communities.

The physician and community reviews showed that people understand that changes in health care must be made in ways that are affordable to the ARHA. The changes should be in keeping with a province-wide move towards primary health care, with an emphasis on prevention.

A positive future for health care services in the ARHA will depend on the region continuing to work with its citizens and health professionals. Practice settings for physicians must meet their needs as much as possible. Local services must be made available as much as possible, or as close to a community as possible. Meeting these goals in an affordable way may be a challenge, but the communities and health professionals in the ARHA are ready and willing to help make changes to help ensure the future of their health services.

7.0 Recommendations

Recommendations – Practising Physicians

1. The ARHA should work with Manitoba Health to work towards on-call schedules that are 1:5 or better. Larger practice group sizes would contribute positively to this outcome. Physicians will accept 1:4 with proper supports but 1:3 or less is generally unacceptable.
2. The AHRA should consider cross-cover of facilities only as a short-term solution. Where it does occur it should be limited to less than 50 km distance and include no more than 3 facilities.
3. The ARHA should continue to offer flexible methods of payment, including fee-for-service, salary and\or contract.
4. The ARHA should continue to work with Manitoba Health and other regional health authorities to improve access to specialists for patient consultations by ARHA physicians through a variety of mediums, including in person, by Telehealth and telephone.
5. All regional health authorities should work with Manitoba Health to review and revise the locum tenens program to ensure it is adequately staffed and meets the needs of the range of practices that exist within the regions. This will allow the ARHA to continue to encourage and support physicians as they augment their skills and knowledge through the Continuing Medical Education program (CME).
6. Communities, with the support of the ARHA, need to help physicians and their families integrate into the communities in which they practise. This includes consideration of the background of physicians and their families and opportunities for the physicians' spouses to be employed in their chosen field.

Recommendations - Recruitment & Retention of Physicians and Other Health Professionals

1. The ARHA, Manitoba Health and communities should work together to create practice conditions that meet the stated needs and preferences of health professionals (see above recommendations related to practising physicians).
2. The ARHA should continue to focus on an active recruitment effort aimed at Canadian trained family practice physicians. This should include an ongoing relationship with the University of Manitoba's Faculty of Medicine to host students for various student placements, clerkships and residency rotations during their training cycle.
3. The Manitoba government and the regional health authorities should work together to create a broad-based strategy for the recruitment of graduates from the University of Manitoba's Family Practice program. This strategy should include working with medical schools and the medical community to put a greater priority and value on family practice medicine to improve the view and stature of family practice, and to encourage more medical students to choose family practice.
4. The ARHA should continue to encourage the province to develop more rural training sites for other health professions to increase their exposure to rural practice and opportunities.
5. The ARHA should continue to target its recruitment efforts at individuals whose backgrounds will assist them in fitting into rural Manitoba and who will be open to living in a rural setting.

6. The ARHA should continue to encourage the province and other organizations to reduce the barriers to the recruitment of qualified International Medical Graduate family physicians, including:
    a. The complexity, cost and effort involved in the immigration process
    b. Improved accuracy of information regarding the characteristics of potential practice settings
    c. Improved orientation to the province for both the physician and their family for at least six months following placement (housing, regulatory authorities, employment, schooling, recreation, financial and legal matters)
7. The ARHA should formalize their communication of opportunities for participation in their decision-making processes to health care professionals in their region.

Recommendations - Access to Facilities

1. The ARHA, together with the community and Manitoba Health, needs to define the real health service needs of each community, and make changes in local health care services to meet those needs. (These changes should occur within the provincial move to a primary health care delivery model with a greater emphasis on prevention.)
2. The ARHA needs to continue to inform communities about what local services to expect and how to access services not available locally.
3. The ARHA should work with the Manitoba Telehealth Network to explore ways to improve both access and ease of access to specialists.

Recommendations - Role of Communities

1. The ARHA needs to work with communities and health care training institutions in attracting and keeping physicians and health care professionals in the region (i.e., recruitment and retention).
2. Communities need to focus their recruitment and retention efforts on the resources and skills currently available in the community, including:
    - providing financial help to rural students to enter health professions (student sponsorship)
    - providing local coordination for community-based student placements
    - continuing to develop 'welcoming committees' to help health care professionals and their families fit into the communities
3. While the ARHA has placed emphasis on communications and has initiated many communications strategies, there is still a need to explore and develop improved means of communication within the region.

Recommendations - Scope of Practice

1. The ARHA needs to increase public awareness about what services can be offered in each community or practice settings.
2. Manitoba Health needs to reinforce with communities that it is the role of RHAs and the College of Physicians and Surgeons of Manitoba to set practice standards and, based on those standards, grant privileges to physicians and define safe and appropriate use of skills for each physician within their particular practice setting.
3. The ARHA should consider the region's mix of services and consider developing specialty services in groups of eight to 10 physicians, increase the specialty skills of family doctors and use visiting specialists to provide services to the region.

Recommendations - Existing Programs and Resources, ORNH

1. The ORNH should develop a broad-based communication strategy to create awareness about the mandate and activities of the ORNH within the community.
2. The ORNH should facilitate collaborative efforts with the Manitoba Medical Association, the Faculty of Medicine Family Practice Program and the regional health authorities to create a permanent focus for family practice issues in the regional health authorities, including:
    - the establishment of comprehensive orientation programs for new physicians
    - the development of strategies for CME which are more responsive to the clinical needs of the rural family physician
    - the development and publication of strategies for recruitment and retention
    - the involvement of the local medical community in the recruitment process
    - the development, review and revision of socioeconomic programs to ensure that they are equitable and responsive to the changing needs of the regions and the physicians

Recommendations - Existing Programs and Resources, Physician Recruitment Coordinator

1. RHAM, in cooperation with the rural/northern RHAs, should increase awareness of the existence of the physician recruitment coordinator among practising physicians and encourage them to use their personal networks to identify potential recruitment candidates to the coordinator.

8.0 Appendices

I: Terms of Reference
II: Physician Review – Questionnaire
III: Community Participation Process – Newspaper Advertisement
IV: Community Participation Process – Letter of Invitation to Municipal Councils & First Nations Communities
V: Community Participation Process – Meeting Site/Area Information Handouts & Discussion Questions and General Information Brochure
VI: Community Participation Process – Larger Group Presentation
VII: Community Participation Process – Small Group Discussion Questions
VIII: Community Participation Process – Letters of Acknowledgement for Written Submissions
IX: Community Participation Process – Letter to Municipal Councils and First Nations Communities, End of Community Process

Rural Physician and Health Services Review
Assiniboine Regional Health Authority

Issue Summary

The sustainability of services in rural and northern Manitoba has been jeopardized by physician recruitment and retention issues. While this is only one of the many contributing factors to the overall issue of rural health services, it is an important one. The changing demographics, work patterns of health care providers, changes in health care delivery models and public expectations have all contributed to the instability of health services in rural and northern areas. The Minister of Health has commissioned, through the Office of Rural and Northern Health, a review of this issue. Inherent in this review will be a community participation component as a means of ensuring rural residents are involved in the discussions about challenges and the potential solutions regarding rural health service delivery.

This review has been initiated due to recent focus on issues in the Assiniboine region. It is anticipated that results of this review will, at least in part, be applicable to other rural and northern communities throughout Manitoba.

Terms of Reference

- Conduct a literature review on physician recruitment and retention patterns provincially, nationally and inter-nationally.
- Review the historical trends of physician recruitment and retention in communities served by the Assiniboine Regional Health Authority. Compare and contrast these local trends with the results of the literature review, including an analysis of what attracts physicians to rural practices, what keeps physicians in these practices and the factors that contribute to a doctor(s) leaving a community.
- Review information and recommendations from organizations responsible for setting standards/guidelines for medical practices, such as The College of Physicians and Surgeons of Manitoba. What are the implications of these standards/guidelines for health care delivery in rural communities?
- Provide realistic recommendations on how to provide the best possible health services in rural communities and hospitals with available resources.
- Provide a forum/mechanism for community participation in the review of issues affecting health service delivery in Assiniboine Region.

Review Process

At the request of the Minister of Health, the Office of Rural and Northern Health has, on a one-time basis, established a project team to conduct the review. The project team will be comprised of representation from the Office of Rural and Northern Health, Regional Health Authorities of Manitoba, Assiniboine RHA, Manitoba Health and will include Dr. Ken Brown as Lead Physician Consultant. The Office of Rural and Northern Health will oversee the review of issues facing rural health service delivery, with an emphasis on the recruitment and retention of physicians.

The review will be comprised of two components:

- Physician review
- Community participation

As the project team sees fit, they will coordinate meetings with:

- Physicians (past and present);
- Communities (residents,District Health Advisory Council Members and elected representatives) in the Assiniboine Region;
- Assiniboine Regional Health Authority;
- The College of Physicians and Surgeons of Manitoba;
- Manitoba Medical Association;
- Canadian Medical Association;
- Physician Recruitment Coordinator, RHAM; and
- Manitoba Health.

Deliverables and Timeline

The project team will prepare a report with recommendations before the end of the year (preferably within eight to twelve weeks).

Organization

The project team has been established and will meet regularly to provide direction to the review.

The project team will consist of:

Dr. Ken Brown, Lead Physician Consultant
Randy Lock, Executive Director, Regional Health Authorities of Manitoba Inc.
Dr. Don Klassen, Medical Director, Office of Rural and Northern Health
Wayne Heide, Administrative Director, Office of Rural and Northern Health
Penny Sorensen, Chief Executive Officer, Assiniboine Regional Health Authority
Arlene Wilgosh, Assistant Deputy Minister, Regional Affairs, Manitoba Health
Donna Forbes, Executive Director, Regional Support Services, Manitoba Health

Dr. Ken Brown will take responsibility for conducting and reporting on the review of physician recruitment and retention in the Assiniboine region.

The project team will engage a community consultant who will conduct the community participation component of the review and report findings to the project team. The community consultant will participate on the project team as appropriate.

The project team will review and consider the reports from the two components of the review and prepare and provide to the Minister of Health a final report with recommendations.

Communications and administrative support for the review will be provided through the Office of Rural and Northern Health.

October 23, 2003
Final

Interview Subjects – Doctor

A. General

1. What are the 3 things you like most about rural practice?

2. What are the 3 things you like least about rural practice?

3. Name two things that would improve your current situation.

4. Name two things that would increase the stability of health services in your region.

5. On a scale of 1-5, where 1 = a hindrance 3 = neutral and 5 = quite helpful, list how the following groups, organizations or policies have assisted you in adapting to rural practice:

a. The community I now live in	1__ 2__ 3__ 4__ 5__ N/A__
b. The Rural Municipality	1__ 2__ 3__ 4__ 5__ N/A__
c. The physician group	1__ 2__ 3__ 4__ 5__ N/A__
d. The health care team from the community or hospital	1__ 2__ 3__ 4__ 5__ N/A__
e. The recruitment agency	1__ 2__ 3__ 4__ 5__ N/A__
f. The local recruitment team	1__ 2__ 3__ 4__ 5__ N/A__
g. Immigration and paperwork process	1__ 2__ 3__ 4__ 5__ N/A__
h. The fee for service arrangement	1__ 2__ 3__ 4__ 5__ N/A__
i. The salary or contract arrangement	1__ 2__ 3__ 4__ 5__ N/A__
j. The Regional Health Authority	1__ 2__ 3__ 4__ 5__ N/A__
k. The RHA long term plan for the area	1__ 2__ 3__ 4__ 5__ N/A__
l. The College of Physicians and Surgeons of Manitoba (CPSM)	1__ 2__ 3__ 4__ 5__ N/A__
m. The CPSM Guidelines for rural practice	1__ 2__ 3__ 4__ 5__ N/A__
n. The Society of Rural Physicians	1__ 2__ 3__ 4__ 5__ N/A__

6. Please rate the following as to importance to you as a rural practitioner (1 = not at all important 3 = neutral and 5 = very important):

a. A hospital in the community	1__ 2__ 3__ 4__ 5__ N/A__
b. A hospital in the region (within 30km)	1__ 2__ 3__ 4__ 5__ N/A__
c. A clinic in the community	1__ 2__ 3__ 4__ 5__ N/A__
d. A community health center	1__ 2__ 3__ 4__ 5__ N/A__
e. An emergency room	1__ 2__ 3__ 4__ 5__ N/A__
f. EMS services	1__ 2__ 3__ 4__ 5__ N/A__
g. A personal care home	1__ 2__ 3__ 4__ 5__ N/A__

Additional comments:

B. Call service

7. What is your current hospital call pattern?
   1:1__ 1:2__ 1:3__ 1:4__ 1:5__ 1:6__ 1:7__ 1:8 + __

8. In your opinion:

   a. What is your preferred call pattern?
      1:1__ 1:2__ 1:3__ 1:4__ 1:5__ 1:6__ 1:7__ 1:8 + __

   b. What call pattern is unacceptable?
      1:1__ 1:2__ 1:3__ 1:4__ 1:5__ 1:6__ 1:7__ 1:8 + __

9. In some regions of Manitoba, a shared call pattern has been introduced.

   a. Assuming a "comfortable" call pattern, what is the maximum commute distance you would accept:

      - Between your home and the hospital?
        < 10km__ 10-14__ 15-19__ 20-24__ 25-29__ 30+ __
      - Between your clinic and your hospital?
        < 10km__ 10-14__ 15-19__ 20-24__ 25-39__ 30+ __

b. Assuming a "comfortable" call pattern by working in concert with a cluster of hospitals and physician groups, what is:

- the maximum number of facilities you would accept to be on call for
1__ 2__ 3__ 4__ 5__

- the maximum distance you would feel comfortable with between facilities
<10km__ 10-14km__ 15-19km__ 20-24km__ 25-29km__ 30+km__

10. Describe how being on call for such a cluster might work for you, or why it might not:

C. Economic

11. Please rate the following (1 = least preferred, 3 = neutral, 5 = most preferred)

a. Fee for service	1__ 2__ 3__ 4__ 5__ N/A__
b. Contract	1__ 2__ 3__ 4__ 5__ N/A__
c. Salary	1__ 2__ 3__ 4__ 5__ N/A__
d. Some form of blended payment	1__ 2__ 3__ 4__ 5__ N/A__

Additional comments:

12. How would you rate the following in terms of practice satisfaction: (1 = least important, 3 = neutral, 5 = most important):

a. Autonomy	1__ 2__ 3__ 4__ 5__ N/A__
b. Having someone else manage the practice	1__ 2__ 3__ 4__ 5__ N/A__
c. Paid vacation	1__ 2__ 3__ 4__ 5__ N/A__
d. Paid education leave	1__ 2__ 3__ 4__ 5__ N/A__
e. Pension Plan	1__ 2__ 3__ 4__ 5__ N/A__

13. What is the minimum acceptable time/annum for vacation and continuing medical education (CME), in calendar days?

a. Vacation _____

b. Continuing Medical Educational _____

14. Regarding Midwives, Clinical Assistants, and Nurse Practitioners

    a. Do you think that any of the above could provide a role in rural health service stability?

    b. If yes, please expand.

D. Health Services

15. On a scale of 1-5, where 1 = unimportant, 3 = neutral, and 5 = very important, please rate the following:

a. Daily participation within an acute care facility 1__ 2__ 3__ 4__ 5__ N/A__

b. Access to holding beds with transfer to a larger centre if stay is longer than 24h 1__ 2__ 3__ 4__ 5__ N/A__

c. Access to acute care beds (i.e. transfer under care of another physician) 1__ 2__ 3__ 4__ 5__ N/A__

d. Strictly clinic hours during the day 1__ 2__ 3__ 4__ 5__ N/A__

e. Access to Obstetrical services – immediate area 1__ 2__ 3__ 4__ 5__ N/A__
- within 30 km 1__ 2__ 3__ 4__ 5__ N/A__

f. Surgery (Schedule A) – immediate area 1__ 2__ 3__ 4__ 5__ N/A__
- within 30 km 1__ 2__ 3__ 4__ 5__ N/A__

g. Surgery (Schedule B) – immediate area 1__ 2__ 3__ 4__ 5__ N/A__
- within 30 km 1__ 2__ 3__ 4__ 5__ N/A__
- 30 km + 1__ 2__ 3__ 4__ 5__ N/A__

h. Diagnostic services 24hours
- immediate area 1__ 2__ 3__ 4__ 5__ N/A__
- within 30 km 1__ 2__ 3__ 4__ 5__ N/A__

i. Diagnostic services 8 hours + call back
- immediate area 1__ 2__ 3__ 4__ 5__ N/A__
- within 30 km 1__ 2__ 3__ 4__ 5__ N/A__

E. Human Resources / Education

16. Assume that throughout Assiniboine Region the following features exist:

- Primary care is accessible to all rural Manitobans
- Home care services are equitably distributed
- Primary physicians work a comfortable call schedule, have reasonable vacation and education leave and have a stimulating professional life.
- Emergency services for life threatening conditions are accessible.

What 3 major factors/changes would facilitate this scenario?

17. On a scale of 1-5, where 1 is strongly disagree, 3 is neutral, and 5 is strongly agree:

a. The academic preparation of our current MD graduates is adequate for rural practice. 1__ 2__ 3__ 4__ 5__ N/A__

b. The postgraduate preparation is adequate for rural practice. 1__ 2__ 3__ 4__ 5__ N/A__

18. Do you have any additional comments regarding physician recruitment/retention or stabilization of rural health services?

COMMUNITY MEETINGS

Help find solutions ~ Make yourself heard

Rural Physician and Health Services Review

Assiniboine Region

The Office of Rural & Northern Health (ORNH) wants to hear your ideas towards the development of solutions to issues facing the delivery of health care in your community. That's why we are holding a series of public meetings in the following communities:

Hartney Meeting date: November 17 Location: Hartney Centennial Centre (119 E. Railway St.) Time: 7pm	**Minnedosa** Meeting date: November 25 Location: Minnedosa Community Conf. Centre (63 Main St. N) Time: 7pm
Killarney Meeting date: November 18 Location: Killarney United Church Education Centre Time: 7pm	**Glenboro** Meeting date: November 26 Location: Kinsmen Community Hall (Fair Grounds) Time: 7pm
Virden Meeting date: November 20 Location: Virden Elks Hall Time: 7pm	**Russell** Meeting date: November 27 Location: Russel & District Community Centre Time: 7pm

Pre-Registration Required.

For all meetings call the ORNH at 622-6210.

If you would like to share your ideas on solutions to issues facing the delivery of health care, but are unable to attend one of these meetings please forward a written submission to:

ORNH

Office of Rural & Northern Health
Unit D - 101 1st Ave. N.W.
Dauphin, MB R7N 1G8
Email: info@ornh.mb.ca

OFFICE OF RURAL AND NORTHERN HEALTH
Unit D – 101 1st Avenue N.W. , Dauphin, MB R7N 1G8
Phone: 204-622-6210 Fax: 204-622-6211
http://www.ornh.mb.ca

November 5, 2003

To: Assiniboine Region Municipalities, First Nation Communities and District Health Advisory Council Members

Re: Community Meetings – Rural Physician & Health Services Review

The Assiniboine region has recently experienced instability of rural health services. As a result, the Minister of Health has commissioned, through the Office of Rural & Northern Health, a review of the relevant issues surrounding that instability. The review will include a community participation component as a means of ensuring rural residents are involved in the discussions about challenges and the potential solutions regarding rural health service delivery.

As important community stakeholders we want to ensure that you are aware that these meetings are occurring. We have attached a copy of the meeting schedule for your information and for the information of your communities.

We would like to emphasize the need for this process to have broad-based participation to ensure a balanced perspective and reporting of potential solutions. We would encourage you to generate as much participation in this process as you deem appropriate.

Respectfully yours,

Wayne Heide
Administrative Director
Enclosure

OFFICE OF RURAL AND NORTHERN HEALTH
Unit D – 101 1st Avenue N.W. , Dauphin, MB R7N 1G8
Phone: 204-622-6210 Fax: 204-622-6211
http://www.ornh.mb.ca

Rural Physician and Health Services Review
Killarney Meeting – November 18/03

The following information is reflective of the health services in the communities of Argyle, Boissevain, Cartwright, Killarney, Morton, Riverside, Roblin, Strathcona, Turtle Mountain and Whitewater.

Did you know ...

- The area experienced an overall population decline of 4.69% from 1996 to 2001, a net loss of 480 people.
- Two municipalities (Riverside & Killarney) experienced small population increases. The remaining municipalities experienced declines of 1.57% to 31.20%.
- There are currently seven (7) physicians working in this area.
- The area has 52 acute care beds.
- The area has 52 long-term care beds.
- Emergency services are available at three sites; Boissevain, Killarney and Baldur.
- There are medical clinics at three sites; Boissevain, Killarney and Baldur.
- Community services (public health, home care and mental health) are available at four sites; Boissevain, Killarney, Baldur and Cartwright.
- The regulations for conditional medical licensure in Manitoba have changed. Internationally trained physicians must now pass a national medical examination and complete a clinical assessment process to be eligible for medical licensure.
- The preference of physicians is to be in practice situations that require that they do no more than one in five call rotations.
- Recruiting a foreign trained physician costs the RHA between $5,000 and $50,000 when all costs are factored into the process (e.g., recruiters, relocation, clinical assessment process, national medical examination, orientation costs, etc.)
- A study of family practitioners in Winnipeg found that those physicians between the ages of 30 and 49 years are working 23% less than family practitioners in the same age range 10 years ago. There are a number of factors that may explain the changing workloads of physicians.
- It is easier and more cost effective to retain an existing worker than it is to continually recruit new workers. This requires that the work situation meet more than the salary expectations of the worker.

We Want to Hear Your Ideas

We are asking for community participation to develop sustainable health service solutions for the Assiniboine Regional Health Authority.

We would appreciate your feedback to the following questions, either in person at one of the community meetings that are being held in the region, or through a written submission. If you are sending a written submission, please submit it electronically or by mail to the address at the bottom of this sheet.

1. How can we ensure access to physicians and other health professionals who meet our health service needs?

2. How can we ensure access to facilities and services that meet our health needs?

3. How can we balance community interests with the changing needs of our population?

ORNH
Office of Rural and Northern Health

Office of Rural & Northern Health
Unit D – 101 Ist Avenue N.W.
Dauphin, Manitoba R7N 1G8
Email: info@ornh.mb.ca
Fax: (204) 622-6211

OFFICE OF RURAL AND NORTHERN HEALTH
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Phone: 204-622-6210 Fax: 204-622-6211
http://www.ornh.mb.ca

Rural Physician and Health Services Review
Hartney Meeting – November 17/03

The following information is reflective of the health services in the communities of Albert, Arthur, Brenda, Cameron, Deloraine, Edward, Glenwood, Hartney, Melita, Souris, Waskada and Winchester,

Did you know …

- The area experienced an overall population decline of 6.13% from 1996 to 2001, a net loss of 515 people.
- All municipalities in the area, with the exception of the Town of Souris which had an increase in population of 4.45%, experienced population declines ranging from 1.46% to 41.46%.
- There are currently nine (9) physicians working in this area.
- The area has 55 acute care beds
- The area has 129 long-term care beds.
- Emergency services are available at three sites; Deloraine, Melita and Souris.
- There are medical clinics at four sites; Deloraine and Melita, Hartney and Souris.
- Community services (public health, home care and mental health) are available at four sites; Deloraine, Hartney, Melita and Souris
- Surgical services are available at one site; Souris.
- There has been a change in the Manitoba regulations for the conditional licensing of internationally trained physicians that no longer allow them to practice until they have passed the provincial exam (CAPE).
- The preference of physicians is to be in practice situations that require that they do no more than one in five call rotations.
- Recruiting a foreign trained medical graduate costs the RHA between $5,000 and $50,000 when all costs are factored into the process (recruiters, relocation, provincial licensing exam, remuneration for exam study and writing time, etc.)
- A study of family practitioners in Winnipeg found that those physicians between the ages of 30 and 49 years are working 23% less than family practitioners in the same age range 10 years ago. This reflects the changing values of younger physicians who place a greater value on quality of life over money.
- It is easier and more cost effective to retain an existing worker than it is to continually recruit new workers. This requires that the work situation meet more than the salary expectations of the worker.

We Want to Hear Your Ideas

We are asking for community participation to develop sustainable health service solutions for the Assiniboine Regional Health Authority.

We would appreciate your feedback to the following questions, either in person at one of the community meetings that are being held in the region, or through a written submission. If you are sending a written submission, please submit it electronically or by mail to the address at the bottom of this sheet.

1. How can we ensure access to physicians and other health professionals who meet our health service needs?

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2. How can we ensure access to facilities and services that meet our health needs?

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3. How can we balance community interests with the changing needs of our population?

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Rural Physician and Health Services Review
Minnedosa Meeting – November 25/03

The following information is reflective of the health services in the communities of Blanshard, Clanwilliam, Erickson, Glenella, Harrison, Keeseekoowenin, Langford, Lansdowne, Minnedosa, Minto, Neepawa, Odanah, Park South, Rapid City, Rolling River, Rosedale, Saskatchewan, Strathclair.

Did you know ...

- The area experienced an overall population decline of 2.47% from 1996 to 2001, a net loss of 410 people.
- First Nation populations remained constant or grew but still account for less that 4% of the area's population.
- Population change in communities ranged from declines of more than 15% to increases of 8%.
- There are currently 14 physicians working in this area.
- The area has 72 acute care beds.
- The area has 224 long-term care beds.
- The area has 10 multi-purpose beds
- Emergency services are available at two sites; Minnedosa and Neepawa.
- There are medical clinics at three sites; Minnedosa, Erickson and Neepawa.
- Community services (public health, home care and mental health) are available at three sites; Minnedosa, Erickson and Neepawa.
- The regulations for conditional medical licensure in Manitoba have changed. Internationally trained physicians must now pass a national medical examination and complete a clinical assessment process to be eligible for medical licensure.
- The preference of physicians is to be in practice situations that require that they do no more than one in five call rotations.
- Recruiting a foreign trained physician costs the RHA between $5,000 and $50,000 when all costs are factored into the process (e.g., recruiters, relocation, clinical assessment process, national medical examination, orientation costs, etc.)
- A study of family practitioners in Winnipeg found that those physicians between the ages of 30 and 49 years are working 23% less than family practitioners in the same age range 10 years ago. There are a number of factors that may explain the changing workloads of physicians.
- It is easier and more cost effective to retain an existing worker than it is to continually recruit new workers. This requires that the work situation meet more than the salary expectations of the worker.

We Want to Hear Your Ideas

We are asking for community participation to develop sustainable health service solutions for the Assiniboine Regional Health Authority.

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Rural Physician and Health Services Review
Russell Meeting – November 27/03

The following information is reflective of the health services in the communities of Binscarth, Birdtail Souix, Birtle (Village & RM), Ellice, Gambler, Rossburn (Village & RM), Russell (Town & RM), Shellmouth-Boulton, Shoal Lake (Town & RM), Silver Creek, St. Lazare and Waywayseecappo.

Did you know ...

- The area experienced an overall population decline of 3% from 1996 to 2001, a net loss of 305 people. These declines occurred in all municipalities but not on the three First Nations communities.
- First Nation populations grew from 3% to 38% but still account for only about 13% of the area's population.
- Populations of towns and villages declined between .7% and 9.5%.
- Populations in rural municipalities declined between 1% and 19%.
- There are currently 9 physicians working in this area.
- The area has 70 acute care beds and 120 long-term care beds.
- Emergency services are available at three sites; Birtle, Russell and Shoal Lake.
- There are medical clinics at four sites; Birtle, Rossburn, Russell and Shoal Lake.
- Community services (public health, home care and mental health) are available at four sites; Birtle, Rossburn, Russell and Shoal Lake.
- The regulations for conditional medical licensure in Manitoba have changed. Internationally trained physicians must now pass a national medical examination and complete a clinical assessment process to be eligible for medical licensure.
- The preference of physicians is to be in practice situations that require that they do no more than one in five call rotations.
- Recruiting a foreign trained physician costs the RHA between $5,000 and $50,000 when all costs are factored into the process (e.g., recruiters, relocation, clinical assessment process, national medical examination, orientation costs, etc.)
- A study of family practitioners in Winnipeg found that those physicians between the ages of 30 and 49 years are working 23% less than family practitioners in the same age range 10 years ago. There are a number of factors that may explain the changing workloads of physicians.
- It is easier and more cost effective to retain an existing worker than it is to continually recruit new workers. This requires that the work situation meet more than the salary expectations of the worker.

We Want to Hear Your Ideas

We are asking for community participation to develop sustainable health service solutions for the Assiniboine Regional Health Authority.

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Rural Physician and Health Services Review
Glenboro Meeting – November 26/03

The following information is reflective of the health services in the communities of Carberry, Cornwallis, Elton, Glenboro, North Cypress, Oakland, South Cypress, South Norfolk, Treherne, Victoria and Wawanesa.

Did you know ...

- The area experienced an overall population decline of 5.08% from 1996 to 2001, a net loss of 745 people.
- Three municipalities (Oakland, Wawanesa and Carberry) experienced small population increases. The remaining municipalities experienced declines of 0.76% to 13.23%.
- There are currently nine physicians working in this area.
- The area has 30 acute care beds.
- The area has 88 long-term care beds.
- The area has 10 multi-purpose beds
- Emergency services are available at three sites; Wawanesa, Treherne and Carberry
- There are medical clinics at four sites; Wawanesa, Treherne, Carberry and Glenboro.
- Community services (public health, home care and mental health) are available at four sites; Wawanesa, Treherne, Carberry and Glenboro.
- The regulations for conditional medical licensure in Manitoba have changed. Internationally trained physicians must now pass a national medical examination and complete a clinical assessment process to be eligible for medical licensure.
- The preference of physicians is to be in practice situations that require that they do no more than one in five call rotations.
- Recruiting a foreign trained physician costs the RHA between $5,000 and $50,000 when all costs are factored into the process (e.g., recruiters, relocation, clinical assessment process, national medical examination, orientation costs, etc.)
- A study of family practitioners in Winnipeg found that those physicians between the ages of 30 and 49 years are working 23% less than family practitioners in the same age range 10 years ago. There are a number of factors that may explain the changing workloads of physicians.
- It is easier and more cost effective to retain an existing worker than it is to continually recruit new workers. This requires that the work situation meet more than the salary expectations of the worker.

We Want to Hear Your Ideas

We are asking for community participation to develop sustainable health service solutions for the Assiniboine Regional Health Authority.

We would appreciate your feedback to the following questions, either in person at one of the community meetings that are being held in the region, or through a written submission. If you are sending a written submission, please submit it electronically or by mail to the address at the bottom of this sheet.

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Rural Physician and Health Services Review
Virden Meeting – November 20/03

The following information is reflective of the health services in the communities of Archie, Canupawakpa, Daly, Elkhorn, Hamiota (Village & RM), Miniota, Oak Lake, Pipestone, Rivers, Sifton, Souix Valley, Virden, Wallace and Woodworth.

Did you know ...

- The area experienced an overall population decline of 3.71% from 1996 to 2001, a net loss of 550 people.
- First Nation populations remained constant or grew but still account for less that 8% of the area's population.
- The communities of Rivers, Virden and Hamiota and the RM of Daly experienced population increases ranging from .45% to 5.14%. All other municipalities in the area declined in population. These declines ranged from 2.16% to 18.39%. This suggests a migration of people from rural municipalities to towns and villages.
- There are currently 11 physicians working in this area.
- The area has 74 acute care beds and 194 long-term care beds.
- Emergency services are available at three sites; Hamiota, Rivers and Virden.
- There are medical clinics at five sites; Elkhorn, Hamiota, Rivers, Reston and Virden.
- Community services (public health, home care and mental health) are available at five sites; Elkhorn, Hamiota, Rivers, Reston and Virden.
- Obstetrics are available at one site; Hamiota
- General surgery is available at one site; Hamiota.
- The regulations for conditional medical licensure in Manitoba have changed. Internationally trained physicians must now pass a national medical examination and complete a clinical assessment process to be eligible for medical licensure.
- The preference of physicians is to be in practice situations that require that they do no more than one in five call rotations.
- Recruiting a foreign trained physician costs the RHA between $5,000 and $50,000 when all costs are factored into the process (e.g., recruiters, relocation, clinical assessment process, national medical examination, orientation costs, etc.)
- A study of family practitioners in Winnipeg found that those physicians between the ages of 30 and 49 years are working 23% less than family practitioners in the same age range 10 years ago. There are a number of factors that may explain the changing workloads of physicians.
- It is easier and more cost effective to retain an existing worker than it is to continually recruit new workers. This requires that the work situation meet more than the salary expectations of the worker.

We Want to Hear Your Ideas

We are asking for community participation to develop sustainable health service solutions for the Assiniboine Regional Health Authority.

We would appreciate your feedback to the following questions, either in person at one of the community meetings that are being held in the region, or through a written submission. If you are sending a written submission, please submit it electronically or by mail to the address at the bottom of this sheet.

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Rural Physician and Health Services Review

Your ideas

Your voice

Your chance

to contribute to the development of solutions

- Did you know …
  - … about the community
  - … about facilities
  - … about rural doctors
- Current challenges
- The future

… about the community

- covers more than 32,000 square km
- population of 70,183
- demographics
- 73 towns and municipal councils

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… about facilities

- 20 acute care and 28 long term care centres
- 348 acute beds equals 4.96 beds/1000 pop.
- average occupancy of 55% for acute beds

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… about facilities/services

- Public Health
- Mental Health
- Home Care
- Clinics
- Emergency Services
- Diagnostic Services
- Rehabilitation Services

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… about rural doctors

- 59 Full-time and 9 Part-time physicians
- Recruited 45+ doctors over the past 4 years
- Number of students in first year medicine
- Number of students choosing family practice

... about rural doctors/other professionals

- Nurses
- Diagnostic Technologists
- EMS
- Home Care
- Pharmacy
- Physiotherapy/Occupational Therapy

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Current challenges

- Human resources
- Local services
- “H” signs
- Not alone in this

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The Future

- Training programs are on the increase
- Office of Rural and Northern Health
- Coordinated Physician Recruitment strategy
- Work together to make it happen

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Rural Physician and Health Services Review

You can make a difference for better health care.

RNH

Office of Rural and Northern Health

RHAM Community Participation Meetings

Roundtable Discussion Questions:

1. How can we ensure regional access to medical professionals who best suit our health service needs?
2. How can we ensure regional access to health facilities that best suit our health service needs?
3. How can we best match community interests with the health service needs of our aging population?

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[Mailing Date]

[Name]
[Address]
[City], MB [PC]

Dear [Name],

We have received your letter dated [DATE] and thank you for your participation in developing sustainable health service solutions for the Assiniboine Regional Health Authority (ARHA) and for your interest in the *ARHA Rural Physician and Health Services Review*.

We appreciate your taking time to provide us with your proposal. The points you brought forth in your letter will be reviewed and taken into consideration during the compilation of the final report that will be presented to the Minister of Health. The report is due to be delivered to the Minister at the end of this calendar year. Upon completion of this review and immediately following a full content review by the Minister of Health and his staff a text version will be available through our web site. (http://www.ornh.mb.ca)

Once again, thank you for sharing your ideas.

Sincerely,

Dawn Piasta
Administrative Assistant

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December 1, 2003

To: Assiniboine Region Municipalities and First Nation Communities

Re: Community Engagement Process

Over the past two months the Office of Rural & Northern Health (ORNH) has been overseeing the *Rural Physician and Health Services Review* that has been going on in the Assiniboine Region. From November 17th – 27th a series of six public meetings were held throughout the region to solicit the input and suggestions of the region's community members. Enclosed is a copy of the brochure that was provided to meeting participants. The ORNH is pleased with both the attendance at these meetings and the valuable and meaningful input provided by participants. This input will be reflected in the final report that will be prepared and presented to the Minister of Health by the end of the current calendar year.

Throughout this process we have received a number of requests for one-on-one meetings with individual councils. The review process does not allow for the office to entertain requests for meetings outside of the sessions described above. The process does allow individuals and groups that did not have an opportunity to participate in one of the community sessions or who have additional information that they believe to be important to this process to provide their input in a written submission. Written submissions must be received by the ORNH by December 10th, 2003 to be included in the final report.

Thank you again for you interest and input.

Respectfully yours,

Wayne Heide
Administrative Director
Enclosure